

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on April 29, 2002.

I. DISPUTE

Whether there should be reimbursement for CPT codes 22830-80 and 15734-80 for date of service February 5, 2002.

II. RATIONALE

The respondent did not submit responses to the initial or additional information; therefore the review of the disputed date of service is based specifically on the documentation submitted by the requestor.

- CPT code 22830-80 – Denied as “G – U693 – By clinical practice standards, this procedure is incidental to the related primary procedure billed.” Based upon the CPT descriptor, operative report and the 1994 GSDH, 22830-80 is not global to 63042. Operative report supports services were rendered as billed. The MAR listed for this procedure is \$3,338.00; per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(D)(b) 50% of the MAR value is allowed ($\$3,338.00 \div 50\% = \$1,669.00$). The modifier for assistant surgeon was used; therefore, this reduces the total allowable reimbursement by an additional 25%. Reimbursement in the amount of \$417.25 ($\$1,669.00 \times 25\%$) is recommended.
- CPT code 15734-80 – Denied as “G – U693 – By clinical practice standards, this procedure is incidental to the related primary procedure billed.” Based upon the CPT descriptor, operative report and the 1994 GSDH, 22830-80 is not global to 63042. Operative report supports services were rendered as billed. The MAR listed for this procedure is \$1,922.00; per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(D)(b) 50% of the MAR value is allowed ($\$1,922.00 \div 50\% = \961.00). The modifier for assistant surgeon was used; therefore, this reduces the total allowable reimbursement by an additional 25%. Reimbursement in the amount of \$240.25 ($\$961.00 \times 25\%$) is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code(s) in the amount of \$357.50. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$657.50** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 16th day of October 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf